

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-2797

**APPLICATION FOR  
CERTIFICATE OF AUTHORIZATION TO  
PROVIDE POSTSECONDARY EDUCATION**

RECEIVED  
JUN 04 2014  
S.D. SEC. OF STATE

Please mark the appropriate box:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> INITIAL APPLICATION | <input type="checkbox"/> CHANGE OF PRIMARY ADDRESS                 |
| <input type="checkbox"/> CHANGE OF NAME                 | <input type="checkbox"/> CHANGE IN ADDITIONAL SITES (ATTACHMENT A) |
| <input type="checkbox"/> CHANGE IN ACCREDITATION        | <input type="checkbox"/> OTHER CHANGE(S)                           |

1. Name of Applicant (*the institutional name under which postsecondary educational programs are provided*):

Wilmington University

2. Applicant's Main Address (*Additional sites listed on Attachment A*):

320 N DuPont Highway

(Street Address)

New Castle

(City)

DE

(State)

19720

(ZIP Code)

http://www.wilmu.edu/

(Website)

3. Contact Person:

Sallie Reissman, Ed.D.

(Name)

302-356-6807

(Telephone Number)

sallie.a.reissman@wilmu.edu

(Email Address)

Sr. Dir. Online Learning & Educational Technology

(Title)

302-328-6287

(Fax Number)

4. Does the Applicant operate at other sites than the address stated above? ☒ YES ☐ NO

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

5. Does the Applicant have a parent organization (*non-profit, corporate, or otherwise*)? ☐ YES ☒ NO

If "YES", please indicate the following:

\_\_\_\_\_  
(Parent Organization Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

6. Is the Applicant an instrumentality of the State under the jurisdiction of the South Dakota Board of Regents?

☐ YES ☒ NO

If "NO", please indicate whether the Applicant is either (*check one of the following*):

☒ An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State Delaware Agency Division of Revenue

Address 401 Federal Street

City Dover State DE Zip Code 19901

Contact Phone Number (302)739-4111

Contact Website <http://www.delaware.gov/>

☐ Legally established to operate in South Dakota as a private business entity

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

☐ Legally established to operate in South Dakota as a not-for-profit corporation.

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

7. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

☒ YES

Accrediting Agency: Middle States Commission of Higher Education

3624 Market Street

\_\_\_\_\_  
(Street Address)

Philadelphia

\_\_\_\_\_  
(City)

PA

\_\_\_\_\_  
(State)

19104-2680

\_\_\_\_\_  
(ZIP Code)

Effective date of most recent grant of accreditation:

November 18, 2010

Term or expiration date of most recent accreditation:

November 18, 2020

☐ NO

Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated

6/4/2014



(Signature of an authorized officer)

Sallie Reissman, Ed.D.

(Printed name)

Sr. Dir. Online Learning and Educational Technology

(Title)

**Submit Application to:**  
South Dakota Secretary of State  
Corporations Division  
500 East Capitol, Suite 204  
Pierre, SD 57501

Or email us at:  
[SOS.EDU@state.sd.us](mailto:SOS.EDU@state.sd.us)

### **Exemptions**

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

## **ATTACHMENT A**

### **ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1. **Wilson Graduate Center**

(Name)

**47 Reads Way**

(Street Address)

**New Castle**

**DE**

**19720**

(City)

(State)

(ZIP Code)

2. **Brandywine**

(Name)

**3411 Silverside Road, Suite 109**

(Street Address)

**Wilmington**

**DE**

**19810**

(City)

(State)

(ZIP Code)

3. **Middletown**

(Name)

**651 N Broad Street**

(Street Address)

**Middletown**

**DE**

**19709**

(City)

(State)

(ZIP Code)

4. **Dover**

(Name)

**3282 N DuPont Highway, Building 1**

(Street Address)

**Dover**

**DE**

**19901**

(City)

(State)

(ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)

**Application for Certificate of Authorization to Provide Postsecondary Education  
Secretary of State Office, South Dakota**

**ATTACHMENT A, Additional Sites at Which Applicant Operates Educational Programs (Continued)**

5.     Dover Air Force Base  
       261 Chad Street, Room 301  
       Dover Air Force Base, DE 19902
6.     Georgetown  
       Seashore Highway, P.O. Box 660  
       Georgetown, DE 19947-0660
7.     Rehoboth Beach  
       41 Rehoboth Avenue  
       Rehoboth Beach, DE 19971
8.     Burlington  
       3331 Route 38  
       Mt. Laurel, NJ 08054
9.     Cumberland  
       3322 College Drive  
       Vineland, NJ 08362
10.    McGuire-Dix-Lakehurst Education Center  
       Bldg. 3829, FCN, Room 302  
       JB-MDL, NJ 08641
11.    Salem  
       460 Hollywood Avenue  
       Carneys Point, NJ 08069
12.    Cecil  
       107 Railroad Street  
       Elkton, MD 21921